



Rhode Island Partnership for Home Care

Advancing quality healthcare at home

April 14, 2021

VIA EMAIL: HouseFinance@rilegislature.gov

Hon. Marvin Abney
Chair, House Committee on Finance
Rhode Island State House
82 Smith Street
Providence, RI 02903

**Re: Opposition to House Bill 6122 SFY22 Article 12 Section 4, Proposed Changes to G.L. 40-8.9-9;
Seeking Amendment Consistent with House Bill 5793**

Dear Chair Abney,

On behalf of my association, I wish to express my opposition to House Bill 6122, SFY22 Article 12 Section 4 as currently proposed. Governor Daniel McKee's proposed changes to G.L. 40-8.9-9 are NOT the right direction to improve access and enhance quality for Medicaid home care. While I applaud the effort by the administration to propose increasing wages for one part of our workforce, licensed nurse assistants (CNAs) are not the only job classification within home care. Plus, if a 100% wage-pass through is to be implemented for the Governor's proposed shift differential and behavioral health training program, the Medicaid Program will cause a behavioral shift by home care administrators that is inconsistent with optimizing quality care and expanding access to home care. These administrators will be forced to consider the cost-impact and be selective on which Medicaid personal care and combined personal care/homemaking referrals that they can afford to accept. This is based on unfunded labor costs unrelated to wages from this proposal because some cases may be applicable to one or both of these modifiers.

Instead, please consider including the language within House Oversight Committee Chair Patricia Serpa's House Bill 5793 as more appropriate rate modifiers for Medicaid home care. This bill's language proposes much-needed financial support and relief to home care providers and hospice providers delivering care to our state's most vulnerable homebound Medicaid beneficiaries. It identifies and addresses the primary financial pressure points to delivering home care to certain homebound populations.

Following a difficult year for hiring and retaining frontline workers during the COVID-19 public health emergency, the bill's language targets specific financial and operational issues impacting our ability to meet the administration's Healthcare Workforce Transformation goals and Long-Term Services and Supports Resiliency benchmarks. Specifically, we are seeking a 10% rate increase to incentivize our frontline workers to travel to towns identified by the Department of Health as difficult to adequately staff. In addition, we are seeking a 10% rate increase to incentivize more nurses to pursue enhanced training to deliver care to our highest acuity patients that cause frequent hospitalizations charged to the Medicaid Program because of instability in staffing these cases. Lastly, we are seeking to incentivize our CNAs to stay working for their current patients and accept new cases instead of leaving to become independent providers (IPs) where they are making comparable pay, travel less, utilize less skills and have zero nursing oversight.

In addition, home care and hospice providers need to have Medicaid fee-for-service rates set as the price floor for other state-funded programs, such as Medicaid managed care through the commercial insurance carriers, PACE and the Office of Healthy Aging co-pay and respite programs. By ensuring that providers are reimbursed for services at or above fee-for-service rates, we can continue to provide wage growth for our frontline workers and

expand the availability of our workforce by incentivizing them to provide care during currently difficult to cover shifts and move toward meeting the state's long-term care finance rebalancing goals.

Consistent with House Bill 5793, we are **respectfully requesting the following amendment** to Article 12, Section 4. Please amend Page 11, Line 12 after the word "institute" through Page 12, Line 8 to replace the current language with the following:

"the following base rate adjustments as described below:

(1) A base adjustment, effective not later than July 1, 2021, of sixteen-point-twenty-nine percent (16.29%) of the current base rate for home care providers, home nursing care providers, and hospice providers contracted with the executive office of health and human services, its subordinate agencies and contractors to deliver Medicaid personal care attendant and homemaking services to beneficiaries.

(2) A base adjustment, effective on the same date as any wage increases implemented by the executive office of health and human services or within a collective bargaining agreement for any person working for a program under §§ 40-8.14 and 40-8.15 of a multiple of one-point-forty-two percent (1.42%) of the current base rate for home care providers, home nursing care providers and hospice providers contracted with the executive office of health and human services, its subordinate agencies and contractors to deliver Medicaid personal care attendant and homemaking services to beneficiaries.

(3) A base adjustment, effective not later than July 1, 2021, of ten percent (10%) of the current base rate for home care providers, home nursing care providers and hospice providers contracted with the executive office of health and human services, its subordinate agencies and contractors to deliver Medicaid personal care attendant services, skilled nursing care and therapeutic services and hospice care to beneficiaries that reside in a municipality as identified by the office of primary care and rural health within the department of health.

(4) A base adjustment, effective not later than July 1, 2021, of ten percent (10%) of the current base rate for home nursing care providers and hospice providers contracted with the executive office of health and human services, its subordinate agencies and contractors to deliver Medicaid skilled nursing care to beneficiaries that have tracheotomies or use ventilators.

(5) All Medicaid programs operated by the executive office of health and human services, its subordinate agencies and contractors shall not reimburse home care providers, home nursing care providers and hospice providers less than fee-for-service rates."

I would be happy to further discuss this issue with you and the members of the committee. Rhode Island's home care and hospice provider community wants to ensure that your constituents that use home care remain safe and independent at home and in your district with the support of licensed home care, home nursing care and hospice providers and their licensed frontline staff.

Regards,



Nicholas A. Oliver, MPA, CAE
Executive Director

cc: Members, House Committee on Finance
Hon. Patricia Serpa, HB-5793 Sponsor
Sharon Reynolds Ferland, House Fiscal Advisor
Lynne Urbani, House Policy Director
Kim Ahern, Senior Counsel and Director of Policy, Office of the Governor
Benjamin Shaffer, Medicaid Program Director, Executive Office of Health and Human Services
Robert Goldberg, Esq., Lobbyist, Rhode Island Partnership for Home Care